

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035700

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

119

Primary Registration District No.

5443

Registrar's No.

95

FILED OCT 15 1963

1. PLACE OF DEATH

a. COUNTY

Gasconade

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Roark Twp.

Length of stay in 1b

1 1/2 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Greene Valley Nursing Home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Gasconade

c. CITY OR TOWN

Hermann

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

210 W. 4th. St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

BERTHA

CHRISTINA

OETTERER

4. DATE OF DEATH

Month

Day

Year

Oct.

4.

1963

5. SEX

Female

6. COLOR OR RACE

Cau.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-25-1876

9. AGE (last birthday)

86

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Berger, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry Oetker

13b. MOTHER'S MAIDEN NAME

Bender

14. NAME OF HUSBAND OR WIFE

Edward Oetterer

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)

No

NO.

17. INFORMANT

Address

Mrs. Emy Hans -- Hermann, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute lobar pneumonia

INTERVAL BETWEEN ONSET AND DEATH
3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
s.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3/17/56

to 10/4/63

and last saw her alive on 10/4/63

Death occurred at

1:12 A. M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Hermann, Missouri

22c. DATE SIGNED

10/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-6-1963

23c. NAME OF CEMETERY OR CREMATORY

St. John's Cemetery

23d. LOCATION (City, town, or county)

Berger, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Herman Blumer, Inc.

Hermann, Mo.

25. DATE RECD. BY LOCAL REG.

10-5-63

26. REGISTRAR'S SIGNATURE

Delma Upfelman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10370

20371

3

4 1

5 2

6

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9490 X

10

11

1286-2

13 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Orval L. Groner

Licensed Embalmer No. 5187

P. O. Address Hermann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.